

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

GUN RIGHTS AMERICA

ADDRESS (number and street)

2300 W EISENHOWER BLVD

Check if different
than previously
reported. (ACC)

LOVELAND

CO

80537-3150

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00742635

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2020

through

M M M / D D D / Y Y Y Y Y Y
09 30 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

BACKER, DAN, , ,

Type or Print Name of Treasurer

Signature of Treasurer

BACKER, DAN, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 19 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

GUN RIGHTS AMERICA

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 09 / 01 / 2020

To:

 M M / D D / Y Y Y Y Y
 09 / 30 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	8153.90	
(c) Total Receipts (from Line 19)	115313.07	148704.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	123466.97	148704.09
7. Total Disbursements (from Line 31).....	27983.78	53220.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	95483.19	95483.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1449.94	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

GUN RIGHTS AMERICA

Report Covering the Period:

From:

M M / D D / Y Y Y Y
09 01 2020

To:

M M / D D / Y Y Y Y
09 30 2020
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

42870.00

75465.02

(ii) Unitemized

47443.07

48239.07

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

90313.07

123704.09

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

25000.00

25000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

115313.07

148704.09

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

115313.07

148704.09

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

115313.07

148704.09

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	897.62	1895.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	897.62	1895.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	27086.16	51325.21
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27983.78	53220.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27983.78	53220.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	115313.07	148704.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	115313.07	148704.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	897.62	1895.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	897.62	1895.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALDERSON, DAN, , ,

Mailing Address 1127 BUFFALO WILSON RD

City
COLVILLE

State
WA

Zip Code
99114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 14 / 2020

Transaction ID : ADF2CCDD7AC2C4F6F81F

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BELTZNER, DAVID, , ,

Mailing Address 602 ORANGE ST

City
ARLINGTON

State
TX

Zip Code
76012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VANDERGRIFF

Occupation (for Individual)
MACH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / 17 / 2020

Transaction ID : A9473B1F5FA7246EAA60

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BINGER, BRUCE, , ,

Mailing Address 1171 MILTON ST

City
BENTON HARBOR

State
MI

Zip Code
49022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
B AND Z COMPANY

Occupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2020

Transaction ID : ADFEDB9E234564BA281B

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOCKHAUS, LARRY, , ,

Mailing Address 1410 W 11TH ST UNIT 2

City
ALAMOSAState
COZip Code
81101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2020

Transaction ID : AD640BCBA7CB84D6E82F

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BODILY, ELDEN, , ,

Mailing Address PO BOX 57654

City
SALT LAKE CITYState
UTZip Code
84157FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2020

Transaction ID : A0C1DA9E7FEC4430A9CB

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BODILY, ELDEN, , ,

Mailing Address PO BOX 57654

City
SALT LAKE CITYState
UTZip Code
84157FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2020

Transaction ID : ADE6622A752B643A3B5B

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

850.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRINSTER, LESLIE, , ,

Mailing Address 12849 49TH ST SW

City
BELFIELD

State
ND

Zip Code
58622

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
FARMING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 21 / 2020

Transaction ID : A8C66D30730564AC788A

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROAD, GARY, , ,

Mailing Address 20850 MOXON DR

City
CLINTON TOWNSHIP

State
MI

Zip Code
48036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIDWEST STEEL

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

09 / 21 / 2020

Transaction ID : A878D6F63561B4366A14

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CASTO, DALE, , ,

Mailing Address 4801 J M TURK RD

City
FLOWERY BRANCH

State
GA

Zip Code
30542

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 17 / 2020

Transaction ID : A3494E04424EB46F693C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHACON, BEULAH, , ,

Mailing Address PO BOX 787

City
BISHOPState
CAZip Code
93515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2020

Transaction ID : AA7F51112BDA94FA9A11

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COPE, ALAN, , ,

Mailing Address 24915 STATE ROUTE 62

City
ALLIANCEState
OHZip Code
44601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COPE FARM EQUIPMENTOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2020

Transaction ID : A28B977E64DB34CF096B

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORRENTI, DAWN, , ,

Mailing Address 808 E MAIN ST

City
BLYTHEVILLEState
ARZip Code
72315FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2020

Transaction ID : A19BF27DD04D04413864

Amount of Each Receipt this Period

400.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

3650.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COYNE, JEROME, , ,

Mailing Address 7825 W 400 N

City
MICHIGAN CITY

State
IN

Zip Code
46360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 21 / 2020

Transaction ID : AFEA69B6671804ED2B0E

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EYMARD, PAUL, , ,

Mailing Address 4910 BOULDER TRACE LANE

City
KATY

State
TX

Zip Code
77449

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2020

Transaction ID : A593258A8E6024129AB3

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FAUTH, RICHARD, , ,

Mailing Address 4292 W 14TH STREET DR

City
GREELEY

State
CO

Zip Code
80634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2020

Transaction ID : A5C5B90559DCF4C97948

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FLANSBURG, REX, , ,

Mailing Address PO BOX 266

City
CLINTON

State
MT

Zip Code
59825

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 17 / 2020

Transaction ID : A7416E640CD4F464EA8C

Amount of Each Receipt this Period

220.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GALBAY, DAVID, , ,

Mailing Address 47975 259TH ST

City
BRANDON

State
SD

Zip Code
57005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
LANDSCAPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 15 / 2020

Transaction ID : AA010BCADB86C40FFBB2

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GAMER, JERROLD, , ,

Mailing Address 223 SCENIC VIEW LN

City
PORT LUDLOW

State
WA

Zip Code
98365

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 14 / 2020

Transaction ID : A1C6DF1D789B449BF82B

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1020.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRABER, GLENN, , ,

Mailing Address 7716 N 900 E

City
MONTGOMERY

State
IN

Zip Code
47558

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2020

Transaction ID : AFE8E36EF894D4051974

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, ARCHIE, , ,

Mailing Address 3225 ANNISTON RD

City
JACKSONVILLE

State
FL

Zip Code
32246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOHNS, INC

Occupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2020

Transaction ID : AECE548EDC0324F44A7B

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, ETHAN, , ,

Mailing Address PO BOX 402

City
TOK

State
AK

Zip Code
99780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2020

Transaction ID : A16DB4C887EFB4306B50

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEIM, KEVIN, , ,

Mailing Address 2200 VIA IRIS

City
SAN CLEMENTE

State
CA

Zip Code
92673

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORANGE COUNTY FIRE AUTHORITY

Occupation (for Individual)
FIRE CAPTAIN, RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 22 / 2020

Transaction ID : A6DE81BF7C04C4F28B2D

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KNUPPEL, HERMAN, , ,

Mailing Address 38 SIOUX TRL

City
TULAROSA

State
NM

Zip Code
88352-9680

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
09 / 15 / 2020

Transaction ID : AD140B677316E4EFB9C7

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEACH, RICHARD, , ,

Mailing Address 10220 N CLEAR LAKE RD

City
MILTON

State
WI

Zip Code
53563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 17 / 2020

Transaction ID : A8E9DE7B54F6745F2B46

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIVI, DAVID, , ,

Mailing Address 5622 BRIAR DR

City
ORLANDO

State
FL

Zip Code
32819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 17 / 2020

Transaction ID : A6B1DB4808D4C4B719BB

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOEKEN, WILFRID, , ,

Mailing Address 13800 SOMERSET BLVD SE

City
BELLEVUE

State
WA

Zip Code
98006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2020

Transaction ID : A0E210679571E43258E2

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LYSTER, THEODORE, , ,

Mailing Address PO BOX 28

City
BEND

State
OR

Zip Code
97709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2020

Transaction ID : AD7F2DE94B61C49CD880

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCLAY, BETTY LOU, , ,

Mailing Address 136 WALNUT LN

City
WEST NEWTON

State
PA

Zip Code
15089

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 17 / 2020

Transaction ID : AD91593A1C69E47EE92C

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCWHORTER, MORTON, , ,

Mailing Address 656 HIGHWAY 94

City
ALEDO

State
IL

Zip Code
61231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ILLINOIS DEPARTMENT OF TRANSPORTATION

Occupation (for Individual)
HIGHWAY MAINTENANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 14 / 2020

Transaction ID : AC7B1BB9D2ABF4A51AC

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MITCHELL, SHEILA, , ,

Mailing Address 1363 W HIGHWAY 12

City
GENTRY

State
AR

Zip Code
72734

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 24 / 2020

Transaction ID : A796AF374597349BFA01

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MULLER, JOSHUA, , ,

Mailing Address 707 STATE RT. 725 RD. PMB 411

City
DAYTONState
OHZip Code
45459FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2020

Transaction ID : A88330E59446A43928D4

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OLSON, CHARLES, , ,

Mailing Address 592 CRAWFORD DR

City
SUNNYVALEState
CAZip Code
94087FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2020

Transaction ID : A746389D7F1814221BC3

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PUSTA, LENORA, , ,

Mailing Address 138 W SUNFLOWER DR

City
PAYSONState
AZZip Code
85541FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2020

Transaction ID : AA1270A677C164439845

Amount of Each Receipt this Period

15000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

16500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAULERSON, BILL, , ,

Mailing Address 5926 COLLEGE AVE

City
BLACKSHEAR

State
GA

Zip Code
31516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LIN/FE

Occupation (for Individual)
DETRO DISTRICT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2020

Transaction ID : AEA740B6D0F264C7D98F

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RENTZ, FRANCIS, , ,

Mailing Address 1310 DOUGLAS DR

City
BAINBRIDGE

State
GA

Zip Code
39819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 03 / 2020

Transaction ID : AA6B838AD76EA4B5E8DB

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHOEFER, LOGAN, , ,

Mailing Address PO BOX 1054

City
COTTONWOOD

State
CA

Zip Code
96022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TOLLIS INC.

Occupation (for Individual)
LABORER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 17 / 2020

Transaction ID : A7200D4CECA614AF8AF6

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHEIPE, ROBERT, , ,

Mailing Address 484 E CARMEL DR # 311

City
CARMELState
INZip Code
46032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2020

Transaction ID : AAAA802CCC73242CEA4C

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMALTZ, DONALD, , ,

Mailing Address 5795 CLARENS CT

City
RENOState
NVZip Code
89511FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2020

Transaction ID : A544F0F10C5564EAAAD7

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, JERRY, , ,

Mailing Address 12104 W STANFORD DR

City
MORRISONState
COZip Code
80465FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2020

Transaction ID : AA219E6201891463C9A4

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

850.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, THOMAS, , ,

Mailing Address 4951 COUNTY ROAD 6

City
BISHOP

State
TX

Zip Code
78343

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 17 / 2020

Transaction ID : A4726980C15FE42A295B

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THORNTON, WILLIAM, , ,

Mailing Address 4165 SINCLAIR SHORES ROAD

City
CUMMING

State
GA

Zip Code
30041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2020

Transaction ID : A4041088261F14D6B805

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TORKELSON, STANLEY, , ,

Mailing Address 311 E STRIPED OWL DR

City
KUNA

State
ID

Zip Code
83634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BOEING

Occupation (for Individual)
INSPECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2020

Transaction ID : ABE1099E1ABCD40B9A27

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TUCKER, RON, , ,

Mailing Address 748 BLOOMFIELD RD

City
HENDRIXState
OKZip Code
74741FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2020

Transaction ID : A5C86595883D14252B31

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VANDERWOUDE, JOHN, , ,

Mailing Address PO BOX 83

City
ZEELANDState
MIZip Code
49464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2020

Transaction ID : ADA1C12C47DB94360B33

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VOYLES, STEPHEN, , ,

Mailing Address PO BOX 544

City
FENTONState
MOZip Code
63026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2020

Transaction ID : AAF02A34BAC9349B78DF

Amount of Each Receipt this Period

400.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

950.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WETZEL, JACK, , ,

Mailing Address 494 POWDER HOUSE RD

City
AIKEN

State
SC

Zip Code
29801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
09 / 17 / 2020

Transaction ID : A281CBBEE37C94071AF0

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOODHOUSE, MARILYN, , ,

Mailing Address 650 RAMBLEWOOD RD.

City
HOUSTON

State
TX

Zip Code
77079

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2020

Transaction ID : A8773F0D167E34993871

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOODHOUSE, MARILYN, , ,

Mailing Address 650 RAMBLEWOOD RD.

City
HOUSTON

State
TX

Zip Code
77079

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2020

Transaction ID : AD59C286E16F34B64B15

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

900.00

42870.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 35
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NATIONAL ASSOCIATION FOR GUN RIGHTS INC. PAC

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELAND

State
CO

Zip Code
80537-3150

FEC ID number of contributing
federal political committee.

C C00481200

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

09 / 04 / 2020

Transaction ID : A4EFEEA7F57C34323846

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25000.00

25000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name (Last, First, Middle Initial)

A. DELUXE BUSINESS FORMS

Mailing Address PO BOX 742572

City
CINCINNATIState
OHZip Code
54274Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2020

FEC Identification Number

C**Transaction ID : B656388FFD**

Amount of Each Disbursement this Period

59.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RALLY PAY

Mailing Address 995 MARKET STREET, FLOOR 2

City
SAN FRANCISCOState
CAZip Code
94103-1732Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2020

FEC Identification Number

C**Transaction ID : B24B9C63FD**

Amount of Each Disbursement this Period

30.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RALLY PAY

Mailing Address 995 MARKET STREET, FLOOR 2

City
SAN FRANCISCOState
CAZip Code
94103-1732Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2020

FEC Identification Number

C**Transaction ID : B3BA4A6446**

Amount of Each Disbursement this Period

1.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

91.90

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name (Last, First, Middle Initial)

A. RALLY PAY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2020

Mailing Address 995 MARKET STREET, FLOOR 2

City
SAN FRANCISCOState
CAZip Code
94103-1732Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C **Transaction ID : B9B15F4726!**

Amount of Each Disbursement this Period

 28.35☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RALLY PAY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2020

Mailing Address 995 MARKET STREET, FLOOR 2

City
SAN FRANCISCOState
CAZip Code
94103-1732Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C **Transaction ID : B0C70F80EF!**

Amount of Each Disbursement this Period

 11.56☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RALLY PAY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2020

Mailing Address 995 MARKET STREET, FLOOR 2

City
SAN FRANCISCOState
CAZip Code
94103-1732Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C **Transaction ID : B4B8729B25**

Amount of Each Disbursement this Period

 19.35☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 59.26

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 35

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name (Last, First, Middle Initial)

A. RALLY PAY

Mailing Address 995 MARKET STREET, FLOOR 2

City
SAN FRANCISCOState
CAZip Code
94103-1732Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	8		2	0	2	0		

FEC Identification Number

C**Transaction ID : B93BEF0710I**

Amount of Each Disbursement this Period

52.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RALLY PAY

Mailing Address 995 MARKET STREET, FLOOR 2

City
SAN FRANCISCOState
CAZip Code
94103-1732Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	1		2	0	2	0		

FEC Identification Number

C**Transaction ID : BC811D928EI**

Amount of Each Disbursement this Period

62.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RALLY PAY

Mailing Address 995 MARKET STREET, FLOOR 2

City
SAN FRANCISCOState
CAZip Code
94103-1732Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	3		2	0	2	0		

FEC Identification Number

C**Transaction ID : B59F597C5E**

Amount of Each Disbursement this Period

417.24

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

531.82

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name (Last, First, Middle Initial)

A. RALLY PAY

Mailing Address 995 MARKET STREET, FLOOR 2

City
SAN FRANCISCOState
CAZip Code
94103-1732Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2020

FEC Identification Number

C**Transaction ID : B4A387EC13**

Amount of Each Disbursement this Period

40.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RALLY PAY

Mailing Address 995 MARKET STREET, FLOOR 2

City
SAN FRANCISCOState
CAZip Code
94103-1732Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2020

FEC Identification Number

C**Transaction ID : B952DE03348**

Amount of Each Disbursement this Period

3.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RALLY PAY

Mailing Address 995 MARKET STREET, FLOOR 2

City
SAN FRANCISCOState
CAZip Code
94103-1732Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2020

FEC Identification Number

C**Transaction ID : B9D43E52D4**

Amount of Each Disbursement this Period

7.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51.39

734.37

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 OF 35

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
GUN RIGHTS AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE VOTER CONTACT

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

0.00

Transaction ID : D78046369ABB54C219BD

Amount Incurred This Period

323.97

Payment This Period

0.00

Outstanding Balance at Close of This Period

323.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

FUNDRAISING EMAILS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

0.00

Transaction ID : D25AB4BF4DE0C4A5A96E

Amount Incurred This Period

703.66

Payment This Period

0.00

Outstanding Balance at Close of This Period

703.66

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE VOTER CONTACT

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

0.00

Transaction ID : D1D262A7E989841039B6

Amount Incurred This Period

147.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

147.95

1) **SUBTOTALS** This Period This Page (optional)..... ►

1175.58

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 28 OF 35

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
GUN RIGHTS AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE VOTER CONTACT

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

0.00

Transaction ID : DD22FBD6849F84239970

Amount Incurred This Period

123.52

Payment This Period

0.00

Outstanding Balance at Close of This Period

123.52

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE VOTER CONTACT

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

0.00

Transaction ID : D83DFAF4C8158498B9BF

Amount Incurred This Period

123.65

Payment This Period

0.00

Outstanding Balance at Close of This Period

123.65

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE VOTER CONTACT

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

0.00

Transaction ID : D3727635C21814877BE5

Amount Incurred This Period

27.19

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.19

1) **SUBTOTALS** This Period This Page (optional)..... ►

274.36

2) **TOTALS** This Period (last page this line number only)..... ►

1449.94

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1449.94

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 35
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA				FEC IDENTIFICATION NUMBER ▼ C C00742635	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee CDR COMMUNICATIONS, INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 03 / 2020		
Mailing Address 9310 OLD KEENE MILL RD STE B			Amount 3385.77		
City BURKE	State VA	Zip Code 22015-4281	Transaction ID : EEDCA6B9D1F164B31B63		
Purpose of Expenditure PMT FOR EST FROM 9/3/2020. TV ADVERTISING PRODUCTION			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: BIDEN, JOSEPH, R, , JR.			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 3385.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee CDR COMMUNICATIONS, INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 03 / 2020		
Mailing Address 9310 OLD KEENE MILL RD STE B			Amount 3385.77		
City BURKE	State VA	Zip Code 22015-4281	Transaction ID : E4A346FFC8E7144629A6		
Purpose of Expenditure PMT FOR EST FROM 9/3/2020. TV ADVERTISING PRODUCTION			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: CUNNINGHAM, CAL, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 3385.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			6771.54		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
BACKER, DAN, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 35
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA				FEC IDENTIFICATION NUMBER ▼ C C00742635	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee CDR COMMUNICATIONS, INC. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 03 / 2020		
Mailing Address 9310 OLD KEENE MILL RD STE B			Amount 3385.77		
City BURKE	State VA	Zip Code 22015-4281	Transaction ID : E0B3DFDB79A724F078BB		
Purpose of Expenditure PMT FOR EST FROM 9/3/2020. TV ADVERTISING PRODUCTION		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: COLLINS, SUSAN, M, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: ME		
Calendar Year-To-Date Per Election for Office Sought 3385.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee CDR COMMUNICATIONS, INC. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 03 / 2020		
Mailing Address 9310 OLD KEENE MILL RD STE B			Amount 3385.77		
City BURKE	State VA	Zip Code 22015-4281	Transaction ID : E63B3C3D2E2CE42D5BC		
Purpose of Expenditure PMT FOR EST FROM 9/3/2020. TV ADVERTISING PRODUCTION		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: HICKENLOOPER, JOHN, W, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: CO		
Calendar Year-To-Date Per Election for Office Sought 3385.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			6771.54		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
BACKER, DAN, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 35
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA				FEC IDENTIFICATION NUMBER ▼ C C00742635	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y	
Full Name of Payee CDR COMMUNICATIONS, INC. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 09 / 03 / 2020		
Mailing Address 9310 OLD KEENE MILL RD STE B			Amount 3385.77		
City BURKE	State VA	Zip Code 22015-4281	Transaction ID : E83EB0F27D1DC4D3B94F		
Purpose of Expenditure PMT FOR EST FROM 9/3/2020. TV ADVERTISING PRODUCTION		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: KELLY, MARK, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought 3385.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee CDR COMMUNICATIONS, INC. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 09 / 03 / 2020		
Mailing Address 9310 OLD KEENE MILL RD STE B			Amount 3385.77		
City BURKE	State VA	Zip Code 22015-4281	Transaction ID : E5BE27C7EC6BA4FE3803		
Purpose of Expenditure PMT FOR EST FROM 9/3/2020. TV ADVERTISING PRODUCTION		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: SHAHEEN, JEANNE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought 3385.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			6771.54		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
BACKER, DAN, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y 10 / 19 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 35
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00742635 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item CDR COMMUNICATIONS, INC.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 9310 OLD KEENE MILL RD STE B			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">3385.77</div>	
City BURKE	State VA	Zip Code 22015-4281		
Purpose of Expenditure PMT FOR EST FROM 9/3/2020. TV ADVERTISING PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : E2F788E65B6484D15AF4 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: PETERS, GARY, , , <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 5px;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">3385.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item CDR COMMUNICATIONS, INC.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 9310 OLD KEENE MILL RD STE B			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">3385.77</div>	
City BURKE	State VA	Zip Code 22015-4281		
Purpose of Expenditure PMT FOR EST FROM 9/3/2020. TV ADVERTISING PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : E1F6E341C2507429CB8C Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: JONES, DOUG, , , <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 5px;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">3385.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	6771.54
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Signature

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 35
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00742635 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item NATIONAL ASSOCIATION FOR GUN RIGHTS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address 2300 W EISENHOWER BLVD				
City LOVELAND	State CO	Zip Code 80537-3150	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">323.97</div>	
Purpose of Expenditure ONLINE VOTER CONTACT; NOT YET PAID AND REPORTED ON SCHEDULE D.			Transaction ID : ECAD702D4513C4780A7E Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: BIDEN, JOSEPH, R, , JR.			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">3709.74</div>				

Full Name of Payee <input checked="" type="checkbox"/> Memo Item NATIONAL ASSOCIATION FOR GUN RIGHTS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address 2300 W EISENHOWER BLVD				
City LOVELAND	State CO	Zip Code 80537-3150	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">147.95</div>	
Purpose of Expenditure ONLINE VOTER CONTACT; NOT YET PAID AND REPORTED ON SCHEDULE D.			Transaction ID : E4798E4E9EB0E4686B29 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: HICKENLOOPER, JOHN, W, ,			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">3533.72</div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, ,

[Electronically Filed]

Date

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2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 35
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00742635	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee NATIONAL ASSOCIATION FOR GUN RIGHTS <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2020	
Mailing Address 2300 W EISENHOWER BLVD			Amount 123.65	
City LOVELAND	State CO	Zip Code 80537-3150	Transaction ID : EE5A9CDCD22DF4796B1C Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure ONLINE VOTER CONTACT; NOT YET PAID AND REPORTED ON SCHEDULE D.		Category/Type 		
Name of Federal Candidate: KELLY, MARK, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: AZ	
Calendar Year-To-Date Per Election for Office Sought		3509.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee NATIONAL ASSOCIATION FOR GUN RIGHTS <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2020	
Mailing Address 2300 W EISENHOWER BLVD			Amount 123.52	
City LOVELAND	State CO	Zip Code 80537-3150	Transaction ID : EC00E06871C7B47EA9BC Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure ONLINE VOTER CONTACT; NOT YET PAID AND REPORTED ON SCHEDULE D.		Category/Type 		
Name of Federal Candidate: SHAHEEN, JEANNE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NH	
Calendar Year-To-Date Per Election for Office Sought		3509.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
BACKER, DAN, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 35
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00742635 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item NATIONAL ASSOCIATION FOR GUN RIGHTS			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2020	
Mailing Address 2300 W EISENHOWER BLVD			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 27.19 </div>	
City LOVELAND	State CO	Zip Code 80537-3150		
Purpose of Expenditure ONLINE VOTER CONTACT; NOT YET PAID AND REPORTED ON SCHEDULE D.		Category/Type 	Transaction ID : E0ECBA40365FC47A78D8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: JONES, DOUG, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: AL	
Calendar Year-To-Date Per Election for Office Sought 3412.96 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
City	State	Zip Code		
Purpose of Expenditure		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 27086.16 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2020

Signature